24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund		
	C C00489856	
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
American Media & Advocacy Group	10 25 2016	
Mailing Address 815 Slaters Lane	Amount	
City State Zip Code	1429303.80	
Alexandria VA 22314	Transaction ID : SE.7099	
Purpose of Expenditure media placement Category/ Type	Date of Disbursement or Obligation	
Name of Federal Candidate Support Office	e Sought: X House District: 03	
Rosen, Jacky, , ,	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Disbut	orsement For: Primary X General Other (specify) ▶	
Full Name of Payee RedPrint Strategy	Date of Public Distribution/Dissemination	
Mailing Address P. O. Box 710993	10 25 2016	
F. O. Box 710993	Amount	
City State Zip Code	12700.00	
Herndon VA 20171	Transaction ID : SE.7101 Date of Disbursement or Obligation	
Purpose of Expenditure Category/	M M / D D / Y Y Y Y Y	
media production Type		
	e Sought: Mouse District: 03	
Rosen, Jacky, , ,	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1442003.80	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
24.0	0 25 2016	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

FEC DENTIFICATION NUMBER ▼ C CO0458656 Check if X 24-hour report		Siledule Ly	FOR SE OF FORM 24/48
C Coo498866 Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Pave Targeted Victory Mailing Address 1033 N. Fairfax Street Suite 400 City State Zip Code Alexandria VA 22314 Purpose of Expenditure online advertising Name of Federal Candidate Resen, Jacky Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Name of Federal Candidate Category Type Name of Federal Candidate State: NV Date of Public Distribution/Dissemination Tansaction ID : SE 7103 Date of Disbursement or Obligation Date of Disbursement or Obligation or Obligation Date of Disbursement or Obligation or Obligation Date of Disbursement or Obligation or Obligation or Obligation Date of Disbursement or Obligation		SAFund	C C00489856
Targeted Victory Mailing Address 1033 N. Fairfax Street Suite 400 City State Zip Code Amount Transaction ID: SE.7163 Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Disbursement For: Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbursement For: Date of Disbursement or Obligation Transaction ID: SE.7163 Date of Disbursement For: Date of Disbur	Ch	neck if X 24-hour report 48-hour report New report Amends report filed	
Mailing Address 1033 N. Fairfax Street Suite 400 City State Zip Code Alexandria VA 22314 Purpose of Expenditure order City State Zip Code Purpose of Expenditure City State Zip Code Purpose of Expenditure City State Zip Code City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement For: Primary			Date of Public Distribution/Dissemination
Suite 400 City State Zip Code Alexandria VA 22314 Purpose of Expenditure online advertising Name of Federal Candidate Rosen, Jacky,		,	
City State Zip Code Alexandria VA 22314 Purpose of Expenditure conline advertising Name of Federal Candidate Rosen, Jacky,			Amount
Alexandria VA 22314 Transaction ID: SE.7103 Date of Disbursement or Obligation Purposa of Expenditure ordine advertising Name of Federal Candidate Rosen, Jacky, ,			73954.00
Purpose of Expenditure online advertising Name of Federal Candidate Rosen, Jacky,			Transaction ID : SE.7103
Rosen, Jacky Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought Category/ Type Name of Federal Candidate Disbursement or Obligation Date of Disbursement or Obligation Da		online advortising	
Rosen, Jacky, , ,		Name of Federal Candidate Support Office	e Sought: X House District: 03
Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought City Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Other (specify) ▶ Date Table Date Date Other (specify) ▶ Table Date Date Table Date Date Table Date Dat		Pecen leeky	
Full Name of Payee Date of Public Distribution/Dissemination		Calcillati Total To Bato	
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Per Election for Office Sought 0.00 2010	
City State Zip Code Purpose of Expenditure		Full Name of Payee	
Date of Disbursement or Obligation Purpose of Expenditure Category/ Type		Mailing Address	Amount
Purpose of Expenditure Category/ Type		City State Zip Code	
Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Valkins, Nancy H., ,			Date of Disbursement or Obligation
Support Office Sought Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Category/	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Offic	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disb	ursement For: Primary General
(b) SUBTOTAL of Unitemized Independent Expenditures		Tel Election for Office Godgitt	Other (specify) -
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Watkins, Nancy H., , , [Electronically Filed] Date 10 25 2016		(a) SUBTOTAL of Itemized Independent Expenditures	73954.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Watkins, Nancy H., , ,		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. *Watkins, Nancy H., , , [Electronically Filed] Date 10 25 2016		(c) TOTAL Independent Expenditures.	1515957.80
[Electronically Filed] Date 10 25 2016	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		
		[El-4	

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